



Referral Form

(All information is important-please complete all fields)

MY PERSONAL INFORMATION:

Date: ____/____/____

SS#: ____ - ____ - ____

I am a previous VR Customer: ☐ Yes ☐ No If Yes, Where? _____

Last Name: _____ First Name: _____

Middle: _____ Preferred Name: _____

Gender: _____ Birth Date: ____/____/____

Previous Last Name: _____

MY ADDRESS:

Home Address: _____

City: _____ State: ____ Zip: ____ - ____

County: _____

☐ Check if mailing address is the same as home address

Mailing Address: _____

City: _____ State: ____ Zip: ____ - ____

County: _____

Primary Phone: (____) - ____ - ____ ☐ Voice ☐ VP ☐ Fax

Second Phone: (____) - ____ - ____ ☐ Voice ☐ VP ☐ Fax

E-mail: _____

RACE (may check more than one):

- ☐ American Indian or Alaskan Native (tribal affiliation : _____)
- ☐ Asian
- ☐ Black/African-American
- ☐ Hispanic or Latino (must also select a race or races)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Not Hispanic or Latino (must also select a race or races)
- ☐ White

Are you legally able to work in the United States? ☐ Yes ☐ No

Other Needs:

CONTACTS: (Examples: Family, Friends, PO, Case Worker Etc.)

	Name	Relationship	Phone	Ext.#	Voice/TDD/ Fax
1.			(____)-____-____		
2.			(____)-____-____		
3.			(____)-____-____		

What are your current living arrangements?

- | | |
|---|---|
| <input type="checkbox"/> Adult Correctional Facility | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Residential/Group Home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Halfway House | <input type="checkbox"/> Private Residence |
| <input type="checkbox"/> Homeless/Shelter | <input type="checkbox"/> Rehabilitation Facility |
| <input type="checkbox"/> Mental Health Facility | <input type="checkbox"/> Substance Abuse Treatment Center |

Marital Status: ☐ Divorced ☐ Married ☐ Never Married ☐ Separated ☐ Widowed

Referral source to VR: _____

FINANCIAL:

Number of family members living with me: _____ Number of Dependents: _____

Largest current single source of income/support:

- ☐ **Employment Earnings**
- ☐ **Personal Income** (interest, dividends, rent, retirement, and/or Social Security retirement benefits)
- ☐ **Family and Friends**
- ☐ **Public Support** (SSI, SSDI, TANF, etc.)
- ☐ **All Other Sources** (e.g. private disability insurance, private charities, child support, etc.)

SSDI Status: ☐ allowed ☐ denied ☐ pending ☐ not an applicant

SSI Status: ☐ allowed ☐ denied ☐ pending ☐ not an applicant

SSI Aged: \$_____ VA: \$_____ Worker's Comp : \$_____

SSI Disabled: \$_____ TANF: \$_____ Other Public Support:\$_____

SSDI: \$_____

Veteran: ☐ Yes ☐ No

I have one or more of the following medical insurances:

- ☐ Not yet eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment
- ☐ Medicaid
- ☐ Medicare
- ☐ None
- ☐ Private insurance through other means
- ☐ Private Insurance through own employer
- ☐ Public Insurance from other sources

LEVEL OF EDUCATION AT REFERRAL

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Elementary Education (grades 1-8) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Secondary Education, no high school diploma (grades 9-12) | <input type="checkbox"/> Any degree above a Master's-e.g. Ph.D., Ed.D., J.D. |
| <input type="checkbox"/> Attending special education program | <input type="checkbox"/> Vocational/Technical Certificate |
| <input type="checkbox"/> High School diploma or equivalency certificate (GED) | <input type="checkbox"/> Occupational credential beyond undergraduate degree work (LSW, CPA) |
| <input type="checkbox"/> Post-secondary education, no degree or certificate | <input type="checkbox"/> Occupational credential beyond graduate degree work (CRC, LPC, LCSW) |
| <input type="checkbox"/> Associate's Degree | |

Completion date for highest level of education: _____

I am a student with a disability in high school: ☐ Yes ☐ No

I have a current 504 Accommodation Plan: ☐ Yes ☐ No

I have a current IEP: ☐ Yes ☐ No

If I am attending High School, the name of the school is: _____

EMPLOYMENT:

Last Year Employed: _____

Employment Status at referral:

- | | |
|---|--|
| <input type="checkbox"/> State agency-managed Business Enterprise Program (BEP) | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Employment with supports in an integrated setting | <input type="checkbox"/> Not working: All other students |
| <input type="checkbox"/> Employment without supports in an integrated setting | <input type="checkbox"/> Not working: Other |
| <input type="checkbox"/> Extended Employment | <input type="checkbox"/> Not working: Student in secondary education |
| | <input type="checkbox"/> Not working: Trainee, Intern, or Volunteer |
| | <input type="checkbox"/> Self-Employment (Except BEP) |
| | <input type="checkbox"/> Unpaid Family Worker |

If you are working, average hours worked per week: _____

Salary: _____ ☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually****Required: Complete attached work history page****Have you been convicted of a felony: ☐ Yes ☐ No

Offense(s): _____

Date of

Conviction(s): _____

State Where Conviction(s): Occurred: _____

Probation/Parole officer is: _____ IDOC # _____

Date Probation Started _____ Completion Date _____

Restitution owed _____

Current and Valid Driver's License? ☐ Yes ☐ No:

If no, explain _____

DISABILITIES:**Please describe your disabilities and functional limitations:**

(Physical, Injuries, Mental Health, Depression, Substance Abuse (drug and/or alcohol) , Learning Disability etc.)

How do your disabilities affect your current ability to work or keep a job?

How do you think Vocational Rehabilitation can help you get a job and keep one? What are your employment needs?

OTHER:

Do you require communication assistance? ☐ Yes ☐ No

Explain:_____

Do you require interpreter services? ☐ Yes ☐ No

Language:_____

My Work History (Include applicable volunteer work):

	Employer Name and Address	Job Title	Job Duties	Employment dates	Average Hours Worked Per Week	Starting & Ending Wage	Reason for Leaving	Disability related issues: did your disability affect your ability to work or keep this job? Please describe
1								
2								
3								
4								
5								

My Work History, (con't) : Include applicable volunteer work)

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1								
2								
3								
4								
5								

*******AGENCY USE ONLY*******

Next step in establishing eligibility:

Counselor Additional Information or Comments:

Involvement with other agencies and services at application (select a maximum of three):

- | | |
|---|---|
| <input type="checkbox"/> Not Provided | <input type="checkbox"/> Medical Health Provider (public or private) |
| <input type="checkbox"/> American Indian VR services program | <input type="checkbox"/> Mental Health Provider (public or private) |
| <input type="checkbox"/> Centers for Independent Living | <input type="checkbox"/> One-Stop Employment provider (public or private) |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Public Housing Authority |
| <input type="checkbox"/> Community Rehabilitation Programs | <input type="checkbox"/> SSA (DDS or District Office) |
| <input type="checkbox"/> Consumer Organizations or Advocacy Groups | <input type="checkbox"/> State Department of Correction/Juvenile Justice |
| <input type="checkbox"/> Educational Institutions (elementary/secondary) | <input type="checkbox"/> State Employment Service Agency |
| <input type="checkbox"/> Educational Institutions (post-secondary) | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Employers | <input type="checkbox"/> Welfare Agency (State or Local Government) |
| <input type="checkbox"/> Employment Networks (not otherwise listed) | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Federal Student aid | <input type="checkbox"/> Other State VR Agencies |
| <input type="checkbox"/> Intellectual and Developmental Disabilities Agencies | <input type="checkbox"/> Other State Agencies |